

Revised 03/06 WDNY

UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF NEW YORK

FORM TO BE USED IN FILING A COMPLAINT
UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. § 1983
(Prisoner Complaint Form)

All material filed in this Court is now available via the INTERNET. See Pro Se Privacy Notice for further information.

1. CAPTION OF ACTION

17 CV 5256

A. Full Name And Prisoner Number of Plaintiff: NOTE: If more than one plaintiff files this action and seeks in forma pauperis status, each plaintiff must submit an in forma pauperis application and a signed Authorization or the only plaintiff to be considered will be the plaintiff who filed an application and Authorization.

1. ALI MOSHIR / (MOSHIR, ALI)

2. _____

-VS-

B. Full Name(s) of Defendant(s) NOTE: Pursuant to Fed.R.Civ.P. 10(a), the names of all parties must appear in the caption. The court may not consider a claim against anyone not identified in this section as a defendant. If you have more than six defendants, you may continue this section on another sheet of paper if you indicate below that you have done so.

1. MR. LT. / CAPTAIN CONLEY 4. STATE OF OHIO
2. UNITED STATES MARSHAL (USMS) 5. COUNTY OF MAHONING (IN OHIO STATE)
3. WARDEN LAROSE 6. FEDERAL / U.S. GOVERNMENT
7. NORTHWEST OHIO CORRECTIONAL CENTER (NEOCC) 9. CHIEF YEMMA
7. CORRECTIONS CORPORATION OF AMERICA / CORECIVIC 10. ANY AND ALL PARTY(IES) THAT MAY / WOULD,
BE ADDED AS DIRECTLY OR INDIRECTLY INVOLVE
CONTRIBUTING INTO, ETC.

2. STATEMENT OF JURISDICTION

This is a civil action seeking relief and/or damages to defend and protect the rights guaranteed by the Constitution of the United States. This action is brought pursuant to 42 U.S.C. § 1983. The Court has jurisdiction over the action pursuant to 28 U.S.C. §§ 1331, 1343(3) and (4), and 2201.

3. PARTIES TO THIS ACTION

PLAINTIFF'S INFORMATION NOTE: To list additional plaintiffs, use this format on another sheet of paper.

Name and Prisoner Number of Plaintiff: ALI MOSHIR 26897055

Present Place of Confinement & Address: NEOCC, 2240 HUBBARD ROAD, YOUNGSTOWN,
OHIO, 44505

Name and Prisoner Number of Plaintiff: _____

Present Place of Confinement & Address: _____

DEFENDANT'S INFORMATION NOTE: To provide information about more defendants than there is room for here, use this format on another sheet of paper.

Name of Defendant(s): 1. MR. LT./CAPTAIN CONLEY 2. USMS 3. WARDEN LAROSE 4. STATE OF OHIO

(If applicable) Official Position of Defendant: _____

(If applicable) Defendant is Sued in ☒ Individual and/or ☒ Official Capacity

Address of Defendant: I AM NOT AT LEAST AT THIS TIME AWARE OF THE ADDRESS TO, NO 2. USMS.

AS FAR AS I AM AWARE THE ADDRESSES OF, NO 1. MR. LT./CAPTAIN CONLEY + NO 3. WARDEN LAROSE
AND NO 4.'S (AND NO 4.'S) ADDRESS OF THE STATE OF OHIO ARE: NEOCC, 2240 HUBBARD ROAD
I AM NOT AWARE OF EITHER. YOUNGSTOWN, OHIO, 44505

Name of Defendant(s): NO 5. COUNTY OF MAHONING (IN OHIO STATE) 6. U.S./FEDERAL
GOVERNMENT

(If applicable) Official Position of Defendant: _____

(If applicable) Defendant is Sued in ☒ Individual and/or ☒ Official Capacity

Address of Defendant: I'M NOT AWARE OF THE ADDRESS TO NO 5. [COUNTY OF MAHONING (IN OHIO STATE)]
AS FOR THE ADDRESS OF 6. (U.S./FEDERAL GOVERNMENT) WHATEVER COURT DEEMS APPROPRIATE.

Name of Defendant(s): 7. CCA/CORE CIVIC 8. NEOCC 9. CHIEF YEMMA 10. ANY AND ALL PARTY(S) THAT
MAY/WOULD, BE ADDED AS DIRECTLY OR INDIRECTLY INVOLVED,
CONTRIBUTING INTO, ETC.

(If applicable) Official Position of Defendant: _____

(If applicable) Defendant is Sued in ☒ Individual and/or ☒ Official Capacity

Address of Defendant: AS FOR THE ADDRESSES OF 7. (CCA/CORE CIVIC), 8. (NEOCC), 9. (CHIEF YEMMA)
AS FAR AS I AM AWARE → 2240 HUBBARD ROAD, YOUNGSTOWN, OHIO, 44505

AND AS FOR THE ADDRESS OF NO 10. [ANY AND ALL PARTY(S) - - - - -], ANY ADDRESS THAT TURNS -
OUT/HAPPENS TO BE, AS APPLICABLE.

4. PREVIOUS LAWSUITS IN STATE AND FEDERAL COURT

- A. Have you begun any other lawsuits in state or federal court dealing with the same facts involved in this action?
 Yes ☐ No ☒ ☒

If Yes, complete the next section. NOTE: If you have brought more than one lawsuit dealing with the same facts as this action, use this format to describe the other action(s) on another sheet of paper.

1. Name(s) of the parties to this other lawsuit:

Plaintiff(s): _____

Defendant(s): _____

2. Court (if federal court, name the district; if state court, name the county): _____

3. Docket or Index Number: _____

4. Name of Judge to whom case was assigned: _____

5. The approximate date the action was filed: _____

6. What was the disposition of the case?

Is it still pending? Yes _____ No _____

If not, give the approximate date it was resolved. _____

Disposition (check the statements which apply):

_____ Dismissed (check the box which indicates why it was dismissed):

_____ By court *sua sponte* as frivolous, malicious or for failing to state a claim upon which relief can be granted;

_____ By court for failure to exhaust administrative remedies;

_____ By court for failure to prosecute, pay filing fee or otherwise respond to a court order;

_____ By court due to your voluntary withdrawal of claim;

_____ Judgment upon motion or after trial entered for

_____ plaintiff

_____ defendant.

B. Have you begun any other lawsuits in federal court which relate to your imprisonment?

Yes ☒ No _____

If Yes, complete the next section. NOTE: If you have brought more than one other lawsuit dealing with your imprisonment, use this same format to describe the other action(s) on another sheet of paper.

★ PLEASE → CHECK WITH NYWD U.S. COURT(S)
AND

NORTHERN OHIO DISTRICT U.S. COURTS

1. Name(s) of the parties to this other lawsuit:

Plaintiff(s): _____

Defendant(s): _____

2. District Court: _____

3. Docket Number: _____

4. Name of District or Magistrate Judge to whom case was assigned: _____

5. The approximate date the action was filed: _____

6. What was the disposition of the case?

Is it still pending? Yes _____ No _____

If not, give the approximate date it was resolved. _____

Disposition (check the statements which apply):

☐ Dismissed (check the box which indicates why it was dismissed):

☐ By court *sua sponte* as frivolous, malicious or for failing to state a claim upon which relief can be granted;

☐ By court for failure to exhaust administrative remedies;

☐ By court for failure to prosecute, pay filing fee or otherwise respond to a court order;

☐ By court due to your voluntary withdrawal of claim;

☐ Judgment upon motion or after trial entered for

☐ plaintiff

☐ defendant.

★ RESPECTFULLY REQUESTING THE COURT TO APPOINT /APPOINTED, LAWYER DUE TO THE LACK OF ABILITY TO SELF REPRESENT

5. STATEMENT OF CLAIM

For your information, the following is a list of some of the most frequently raised grounds for relief in proceedings under 42 U.S.C. § 1983. (This list does not include all possible claims.)

- | | | |
|--------------------|------------------------|-------------------------------|
| • Religion | • Access to the Courts | • Search & Seizure |
| • Free Speech | • False Arrest | • Malicious Prosecution |
| • Due Process | • Excessive Force | • Denial of Medical Treatment |
| • Equal Protection | • Failure to Protect | • Right to Counsel |

Please note that it is not enough to just list the ground(s) for your action. You **must** include a statement of the facts which you believe support each of your claims. In other words, tell the story of what happened to you but do not use legal jargon.

Fed.R.Civ.P. 8(a) states that a pleading must contain "a short and plain statement of the claim showing that the pleader is entitled to relief." "The function of pleadings under the Federal Rules is to give fair notice of the claim asserted. Fair notice is that which will enable the adverse party to answer and prepare for trial, allow the application of res judicata, and identify the nature of the case so it may be assigned the proper form of trial." Simmons v. Abruzzo, 49 F.3d 83, 86 (2d Cir. 1995). Fed.R.Civ.P. 10(b) states that "[a]ll averments of claim ... shall be made in numbered paragraphs, the contents of each of which shall be limited as far as practicable to a single set of circumstances."

Exhaustion of Administrative Remedies

Note that according to 42 U.S.C. § 1997e(a), "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted."

You must provide information about the extent of your efforts to grieve, appeal, or otherwise exhaust your administrative remedies, and you must attach copies of any decisions or other documents which indicate that you have exhausted your remedies for each claim you assert in this action.

A. FIRST CLAIM: On (date of the incident) MAY 04.2017,
 defendant (give the name and position held of each defendant involved in this incident) MR. LT. /CAPTAIN - CONLEY

did the following to me (briefly state what each defendant named above did): MAKE /PREPARE, A FALSE SET OF STATEMENTS SHAMELESSLY, FRAUDULENTLY, LYINGLY, ORCHESTRATINGLY, MISLEADINGLY, IRRISPONSIBLY, BIASLY, PARTIALLY, MISREPRESENTINGLY, IMMORALLY, AS SUCH AND ETC, AND SO ON! AS THE /AS INTO THE, CCA INMATE/RESIDENT DISCIPLINARY-REPORT (FORM 15-2A), AND TO AS HAS LEGITIMIZE(D) THE FALSE ARREST, AS HAS EVENTUALLY BASED ON HIS CROOKED, SWINDLING, ETC SAID REPORT, THROUGH/OT/-FROM, FORM 15-2A ARRESTED THE INMATE MOSHIR, ALI AND SUBSEQUENTLY PLACED IN SEGREGATION UNIT(S) UNDER THE POLICY, RULE, ETC OF PRE-HEARING DETENTION AS APPLICABLE AND UNDER SUCH COLOUR(S) AND AS HE'S BEEN AWARE THAT IT COULD BE DAYS BEFORE THE INMATE-
 The constitutional basis for this claim under 42 U.S.C. § 1983 is: MOSHIR, ALI COULD GET OUT OF SEGREGATION AND A HE, WAS/HAS BEEN AWARE THAT THE INMATE CAN NOT, GET OUT OF SEGREGATION BEFORE HEARING(S). BASED ON /ACCORDING, TO HIS /LT. CONLEY'S REPORT AND IT WOULD BE DAYS BEFORE THE HEARING OCCURS.
 * RESPECTFULLY REQUESTING COURT TO APPOINT LAWYER *

The relief I am seeking for this claim is (briefly state the relief sought):

HUNDRED MILLION DOLLARS

Exhaustion of Your Administrative Remedies for this Claim:

Did you grieve or appeal this claim? ☒ Yes ☒ No If yes, what was the result? #1 -> I WAS SUFFERING FROM MEDICAL CONDITIONS.

#2 -> I AM INDIGENT, I DON'T HAVE ENVELOPE(S), THE GRIEVANCE OFFICE(R) DOES NOT TAKE MY GRIEVANCE(S) IN INDIGENT ENVELOPE(S) OR CUSTOM MADE ENVELOPE(S) #3 -> I APPEALED TO HIMSELF, REPEATEDLY, HE RAN ME AROUND

Did you appeal that decision? Yes No If yes, what was the result? AND THEN TOLD ME IN WRITING THAT I HAVE TO GO TO A HIGHER AUTHORITY, AS SUCH AND ETC.

Attach copies of any documents that indicate that you have exhausted this claim.

If you did not exhaust your administrative remedies, state why you did not do so: _____

A. SECOND CLAIM: On (date of the incident) _____,

defendant (give the name and position held of each defendant involved in this incident) _____

did the following to me (briefly state what each defendant named above did): _____

The constitutional basis for this claim under 42 U.S.C. § 1983 is: ★ RESPECTFULLY I AM REQUESTING THE COURT TO APPOINT LAWYER DUE TO THE LACK OF ABILITY TO SELF REPRESENT ★

The relief I am seeking for this claim is (briefly state the relief sought): _____

Exhaustion of Your Administrative Remedies for this Claim:

Did you grieve or appeal this claim? _____ Yes _____ No If yes, what was the result? _____

Did you appeal that decision? _____ Yes _____ No If yes, what was the result? _____

Attach copies of any documents that indicate that you have exhausted this claim.

If you did not exhaust your administrative remedies, state why you did not do so: _____

If you have additional claims, use the above format and set them out on additional sheets of paper.

6. RELIEF SOUGHT

Summarize the relief requested by you in each statement of claim above.

Do you want a jury trial? (Yes) ☒ No _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on FRI-MAY.26.2017
MOSHIR, AL. (date) (FRI-MAY.26.2017)

NOTE: Each plaintiff must sign this complaint and must also sign all subsequent papers filed with the Court.

FRI-MAY.26.2017
MOSHIR, AL.

Signature(s) of Plaintiff(s)

Revised 05/01 WDNV

UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF NEW YORKALI MOSHIR

(Name of Plaintiff or Petitioner)

MOTION TO PROCEED *IN FORMA PAUPERIS*
AND SUPPORTING AFFIRMATION

-CV-

1. MR. LT. /CAPTAIN CONLEY v.
 2. USMS 3. WARDEN LAROSE 4. STATE OF OHIO 5. COUNTY OF SUFFOLK 6. FEDERAL GOVERNMENT
 7. CCA / CORE CIVIC 8. NEOCC 9. CHIEF YEMMA 10. ANY AND ALL PARTY(S) THAT, MAY / WOULD, BE ADDED
 (Name of Defendant(s) or Respondent(s))
AS DIRECTLY OR INDIRECTLY INVOLVED, CONTRIBUTING INTO, ETC.

I, MOSHIR, ALI / ALI MOSHIR, (print or type your name) am the plaintiff/petitioner in the above-entitled case and hereby request the Court's permission to proceed *in forma pauperis*.

In support of my motion to proceed without being required to prepay fees, costs, or give security therefor, I state that because of my poverty I am unable to pay the costs of this action or to give security therefor and that I believe I am entitled to redress.

I further declare that the responses which I have made in this affirmation below are true.

1. Are you presently employed? Yes No ☒
 My Employer's Name and Address is: _____

 My Gross Monthly Wages are: \$ _____
 If you are not presently employed, state
 Your Last Date of Employment: _____
 Your Gross Monthly Wages at that time: _____
 Is your spouse presently employed? Yes _____ No _____
 My Spouse's Employer's Name and Address is: _____

 My Spouse's Gross Monthly Wages are \$ _____
2. Have you received any money from any of the following sources within the past twelve months:
 - a. Business, profession or self-employment? Yes No ☒
 If yes, state source and amount received per month \$ _____
 - b. Rent payments, interest or dividends? Yes No ☒
 If yes, state source and amount received per month \$ _____
 - c. Pensions, annuities, disability, or life insurance payments? Yes No ☒
 If yes, state source and amount received per month \$ _____
 - d. Gifts or inheritances? Yes No ☒
 If yes, state source and amount received per month \$ _____
 - e. Child Support? Yes No ☒
 If yes, state amount received each month \$ _____
 - f. Government Benefits (Social Security, SSI, Welfare, AFDC, Veterans, etc.)? Yes No ☒
 If yes, state source and amount received per month \$ _____
 - g. Friends, Relatives or any other source? Yes No ☒
 If yes, state source and amount received per month \$ _____

If you have not received any money from any of the above sources, please explain how you are currently paying your expenses:

3. What is your total gross monthly income today: \$ 0.00
4. How much cash do you have on hand? \$ 0.00

FROM:

MOSHIR, ALI

ID#: 26897055

NEOCC

2240 HUBBARD ROAD

YOUNGSTOWN, OHIO

44505

JUN 12 2017

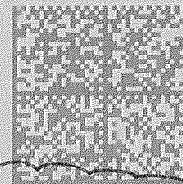
BUFFALO

THIS ENVELOPE CONTAINS THE FIRST HALF OF
THE TOTAL OF SIXTEEN (16) PAGES OF DOCUMENTS
INCLUDING AND RELATING TO THE FORMA PAUPERIS
FORMS OF ALI MOSHIR'S, AS DATED AND SIGNED
ON / AS OF, FRI - MAY. 26. 2017, BY ALI MOSHIR.

ON 11/10

03 JUN 17

PM 01



US POSTAGE

\$ 00.46

Mailed From 44505

06/08/2017

031A 0005181467

TO:

ATTENTION:

COURT CLERK

NYWD U.S. COURT

#2 NIAGARA SQUARE

BUFFALO, NEW YORK

14202

RECEIVED

JUN - 8 2017

RECEIVED

JUN - 8 2017